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Dated: November 15, 2005

Signature: David A. Gass

(David A. Gass)

Docket No.: 30899/40642
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Robert Lamb

Application No.: 09/670,346

Confirmation No.: 4446

Filed: September 27, 2000

Art Unit: 1615

For: Vitamin E Phosphate/Phosphatidylcholine
Liposomes to Protect From or Ameliorate Cell
Damage

Examiner: G. Kishore
Customer No.: 04743

NOTIFICATION PURSUANT TO MPEP §409.01

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Pursuant to MPEP §409.01, the undersigned notifies the Patent Office of the death of the applicant, Robert Lamb. Filed concurrently is a newly executed Power of Attorney by the Executor of Dr. Lamb's estate, appointing the practitioners associated with Customer No. 04743 to prosecute the above-identified application.

Dated: November 15, 2005

Respectfully submitted,

By David A. Gass
David A. Gass

Registration No.: 38,153
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Attorney for Applicant



PTO/SB/01 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	09/670,346-Conf. #4446
Filing Date	September 27, 2000
First Named Inventor	Robert Lamb
Title	Vitamin E Phosphate/Phosphatidylcholine Liposomes to Protect From, etc.
Art Unit	1815
Examiner Name	G. Kishore
Attorney Docket No.	30899/40642

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: **04743**

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.

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OR

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Address

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Zip

Country

Telephone

Email

I am the:

☒ Executor of the estate of Robert Lamb (deceased).

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Christopher Scott Lamb</i>	Date	November 8, 2005
Name	Christopher Scott Lamb	Telephone	215-340-7799
Title and Company	Executor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: _____ Signature: _____ (David A. Gaca)